

<i>SERFF Tracking Number:</i>	<i>LFSC-126069511</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeSecure Insurance Company</i>	<i>State Tracking Number:</i>	<i>43026</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>MultiLife Advertising</i>		
<i>Project Name/Number:</i>	<i>MultiLife Advertising/</i>		

Filing at a Glance

Company: LifeSecure Insurance Company

Product Name: MultiLife Advertising

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFSC-126069511

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Sue Howard, Judy Lucas

Date Submitted: 07/23/2009

State: ArkansasLH

State Tr Num: 43026

State Status: Closed

Reviewer(s): Marie Bennett

Disposition Date: 08/05/2009

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: MultiLife Advertising

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/05/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/05/2009

Corresponding Filing Tracking Number: LFSC-126136721

Deemer Date:

Filing Description:

LifeSecure Insurance Company - NAIC #77720

MultiLife Advertising

Previously Approved Policy Form - LS-0002 AR 03/09

Attached for your review and approval are several pieces of new advertising material. These forms are new and do not replace any existing forms currently in use in your state. These forms will be used with our recently approved MultiLife Applications (Corresponding Tracking # above).

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We have included a statement of variability for these forms.

If you have any questions or need any additional information, please contact me. I can be reached at (810) 220-8774 or showard@lifeseecureltc.com.

Sue R. Howard
Compliance Manager

Company and Contact

Filing Contact Information

Sue Howard, Compliance Manager
10370 Citation Drive
Brighton, MI 48116

Showard@lifeseecureltc.com
(810) 220-8774 [Phone]
(810) 220-7707[FAX]

Filing Company Information

LifeSecure Insurance Company
10559 Citation Drive
Suite 300
Brighton, MI 48116
(810) 220-8774 ext. [Phone]

CoCode: 77720	State of Domicile: Michigan
Group Code: 572	Company Type: Life, A & H
Group Name: BCBS of MI GRP	State ID Number:
FEIN Number: 75-0956156	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	4 form @ \$25.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
LifeSecure Insurance Company	\$100.00	07/23/2009	29395374

SERFF Tracking Number:	LFSC-126069511	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	MultiLife Advertising		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	08/05/2009	08/05/2009

<i>SERFF Tracking Number:</i>	<i>LFSC-126069511</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>MultiLife Advertising/</i>		

Disposition

Disposition Date: 08/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LFSC-126069511	State:	Arkansas
Filing Company:	LifeSecure Insurance Company	State Tracking Number:	43026
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	MultiLife Advertising		
Project Name/Number:	MultiLife Advertising/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanation of Variability - LS-0378A ST 08/09 & LS-0378B ST 08/09		Yes
Form	Multilife Employer Proposal - All Ages		Yes
Form	Multilife Employer Proposal - Census		Yes
Form	Employer Endorsement Letter - no contribution		Yes
Form	Employer Endorsement Letter - with contribution		Yes

SERFF Tracking Number: LFSC-126069511 State: Arkansas

Filing Company: LifeSecure Insurance Company State Tracking Number: 43026

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: MultiLife Advertising

Project Name/Number: MultiLife Advertising/

Form Schedule

Lead Form Number: LS-0378A ST 08/09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LS-0378A ST 08/09	Advertising	Multilife Employer Proposal - All Ages	Initial			LS-0378A ST 08 09 - Multilife Employer Proposal - All Ages.pdf
	LS-0378B ST 08/09	Advertising	Multilife Employer Proposal - Census	Initial			LS-0378B ST 08 09-Multilife Employer Proposal-census.pdf
	LS-0383NC ST 08/09	Advertising	Employer Endorsement Letter - no contribution	Initial			LS-0383NC ST 08.09 - EE Ltr - No Contribution.pdf
	LS-0383C ST 08/09	Advertising	Employer Endorsement Letter - with contribution	Initial			LS-0383C ST 08.09 - EE Ltr - With Contribution.pdf

Multi-Life Proposal for Long Term Care Insurance



Prepared for: [Employer/Association Name]

Prepared by: [Agent Name]

[Agent Address]

[Agent Phone]

Date: [XX/XX/XXXX]

Rates quoted are for use in the state of [state name].

Premiums are subject to change.

www.YourLifeSecure.com

Multi-Life Proposal for Long Term Care Insurance



Plan Choice	Plan A [*]	Plan B [*]	Plan C [*]
Benefit Bank SM Amount	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
Monthly Benefit Access	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
Benefit Wait Period	90 Calendar Days	90 Calendar Days	90 Calendar Days
Inflation Protection Option	[Guaranteed Future Purchase Offers] [Automatic 5% Compound] [Automatic 3% Compound]	[Guaranteed Future Purchase Offers] [Automatic 5% Compound] [Automatic 3% Compound]	[Guaranteed Future Purchase Offers] [Automatic 5% Compound] [Automatic 3% Compound]
Money-Back Promise SM Option	[Included] [Excluded]	[Included] [Excluded]	[Included] [Excluded]
Lapse Protection Benefit	[Included] [Excluded]	[Included] [Excluded]	[Included] [Excluded]
Premium Payment Option	[Lifetime] [10-Year] [To-Age-65]	[Lifetime] [10-Year] [To-Age-65]	[Lifetime] [10-Year] [To-Age-65]
Employer Contribution Discount	[5%]	[5%]	[5%]

Monthly Premium Amount

Age	Plan A	Plan B	Plan C
18—30	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
31	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
32	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
33	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
34	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
35	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
36	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
37	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
38	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
39	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
40	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
41	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
42	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
43	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
44	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

	Plan A [*]	Plan B [*]	Plan C [*]
	Monthly Premium Amount		
Age			
45	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
46	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
47	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
48	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
49	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
50	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
51	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
52	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
53	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
54	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
55	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
56	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
57	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
58	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
59	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
60	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
61	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
62	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
63	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
64	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
65	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
66	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
67	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
68	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
69	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
70	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
71	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
72	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
73	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
74	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Rates for ages 75-84 available upon request.

[* This plan is Partnership-qualified in the state of [state name].]

The premiums shown above are for illustrative purposes only. [These monthly premiums include an employer contribution discount percentage as shown above.] A spouse/domestic partner or marital discount may also apply to individual applicants. Each applicant must complete an Application and must qualify for coverage based on LifeSecure's underwriting criteria, which includes an applicant's age, health history and current health conditions. This proposal is valid for individuals ages 18–84 submitting applications for LifeSecure's individual long term care insurance in the state of [state name].

The premiums shown above are based on LifeSecure's 'Preferred' rate class and are for illustrative purposes only. An applicant's actual premium rate class will be based on his/her own age, health history, current health conditions and other underwriting criteria. A spouse/domestic partner or marital discount may also apply to individual applicants. Each applicant must complete an Application and must qualify for coverage based on LifeSecure's underwriting criteria. This proposal is valid for individuals ages 18–84 submitting applications for LifeSecure's individual long term care insurance in the state of [state name].

Any premium paid Monthly Direct-Bill by an individual will include an additional \$2.00 service fee. This service fee is *not* applicable for Monthly Employer List-Billing cases.

Plan Summary for Long Term Care Insurance



Benefit BankSM

Your Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf.

Monthly Benefit Access Limit

Your Monthly Benefit Access Limit represents the dollar benefit amount available on a monthly basis for your long term care needs. The original dollar amount is calculated as a percentage of your Benefit Bank.

Benefit Payout Structure. When you become eligible for benefits, we will reimburse you for covered expenses for qualified long term care services up to your full Monthly Benefit each calendar month. These covered expenses include care at home through a home care agency or independent provider, or in an assisted living facility, adult day care center or in a nursing home. Hospice care is also covered.

If you do not incur covered expenses up to your full Monthly Benefit for a given calendar month, 50% of your unused monthly benefit will be available to you as a **Flexible Benefit**. The **Flexible Benefit** is not restricted by the definition of covered expenses. This benefit is designed to provide greater flexibility in the types of care, services and products available to you under this policy, such as: care provided by a family member or other informal caregiver, construction of a wheelchair access ramp, or installation of grab bars in your bathroom.

Guaranteed Future Purchase Offers

Under the Guaranteed Future Purchase Offers, you will be offered the opportunity to increase your current Benefit Bank and Monthly Benefit by 15% every three years. You may accept each offer without submitting evidence of insurability.

Waiver of Premium

Your premiums are waived beginning on the first day you start receiving benefits. As long as you continue to receive benefits, additional premiums will not be required. Premium payments will again be required after 30 days of not receiving benefits.

Benefit Wait Period

You are eligible to begin receiving benefits upon completion of a 90-day Benefit Wait Period. This is a period of time during which you meet the benefit triggers for this coverage. You do not need to be receiving paid services in order to accumulate Benefit Wait Period days, and your Benefit Wait Period need only be met once during your lifetime.

LifeSecure Care Advisor Services

A LifeSecure Care Advisor is available to you and your family from the day you receive your policy. The LifeSecure Care Advisor can help you with everything from long term care questions to recommendations for assisted living facilities to arrangements for personal care or services. The use of these services is optional and is provided at no cost to you.

Spouse or Domestic Partner Discounts

If you and your spouse or domestic partner both apply and are approved, a 30% premium discount will apply to both policies. If your spouse or domestic partner does not apply, or is not approved, a 10% discount will still apply to your policy.

Money-Back Promise SM Option

If you die while your policy is in force for 5 or more years, a percentage of the premiums (less benefits paid) is refunded to a beneficiary. The percentage of payback equals 25% of the premiums paid if death occurs in policy years 5–9; 50% in years 10–14; and 75% in years 15 and beyond. Your policy must be in force at the time of death for the Money-Back Promise Option benefits to be payable.

Automatic 3% Compound Inflation Protection Benefit

We will automatically increase your current Monthly Benefit and your remaining Benefit Bank by 3% each year. The increase will be effective on each anniversary of your policy effective date, even while you are receiving benefits.

Automatic 5% Compound Inflation Protection Benefit

We will automatically increase your current Monthly Benefit and your remaining Benefit Bank by 5% each year. The increase will be effective on each anniversary of your policy effective date, even while you are receiving benefits.

Lapse Protection Benefit

If your policy is in force for at least three full years, and then terminates due to non-payment of premium, this benefit allows you to retain a reduced paid-up amount of coverage. You will have a revised Benefit Bank equal to the greater of: (a) 100% of the sum of all premiums paid; or (b) one times your Monthly Benefit. The revised Benefit Bank is reduced by any benefits previously paid.

Policy Limitations and Exclusions

Charges for care or services provided by a family member, as well as care or services for which no charge is made in the absence of insurance, are excluded under the reimbursable covered expenses portion of the policy. However, such care or services may be payable under the Flexible Benefit.

No benefits, including the Flexible Benefit, will be payable under this Policy for: a loss that occurs while this Policy is not in force; or an illness, treatment or medical condition that is due to war or act of war, whether declared or not; or an illness, treatment or medical condition that results from an attempt of suicide (while sane or insane) or an intentionally self-inflicted injury; or expenses for treatment or rehabilitation related to alcoholism or drug addictions; or expenses for services or items to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance amount; or care or services, unless otherwise required by law, for which benefits are duplicated or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or care or services provided outside the United States of America, its territories or possessions, or Canada.

LifeSecure and the circular logo are trademarks of LifeSecure Insurance Company – Brighton, MI 48116. Our long term care insurance product is underwritten by LifeSecure Insurance Company. This flyer is for illustrative purposes only and is not a contract. It is intended only to provide a general overview of our product and services. Availability of benefits, amounts, options and discounts may vary by state. Please remember only the insurance policy can give actual coverage amounts, terms, conditions, limitations and exclusions. Refer also to the Outline of Coverage. Policy Form Series: LS-0002.

Multi-Life Proposal for Long Term Care Insurance



Prepared for: [Employer/Association Name]

Prepared by: [Agent Name]

[Agent Address]

[Agent Phone]

Date: [XX/XX/XXXX]

Rates quoted are for use in the state of [state name].

Premiums are subject to change.

www.YourLifeSecure.com

Multi-Life Proposal for Long Term Care Insurance



Plan Choice	Plan A [*]	Plan B [*]	Plan C [*]
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Benefit Wait Period	90 Calendar Days	90 Calendar Days	90 Calendar Days
Inflation Protection Option	[Guaranteed Future Purchase Offers] [Automatic 5% Compound] [Automatic 3% Compound]	[Guaranteed Future Purchase Offers] [Automatic 5% Compound] [Automatic 3% Compound]	[Guaranteed Future Purchase Offers] [Automatic 5% Compound] [Automatic 3% Compound]
Money-Back Promise SM Option	[Included] [Excluded]	[Included] [Excluded]	[Included] [Excluded]
Lapse Protection Benefit	[Included] [Excluded]	[Included] [Excluded]	[Included] [Excluded]
Premium Payment Option	[Lifetime] [10-Year] [To-Age-65]	[Lifetime] [10-Year] [To-Age-65]	[Lifetime] [10-Year] [To-Age-65]
Employer Contribution Discount	[5%]	[5%]	[5%]

Monthly Premium Amount

Eligible Participants	Age			
[FName, LName]	[42]	[\$12.56]	[\$13.69]	[\$16.33]
[FName, LName]	[35]	[\$9.86]	[\$10.58]	[\$14.31]
[FName, LName]	[59]	[\$43.21]	[\$46.11]	[\$52.97]
[FName, LName]	[40]	[\$12.00]	[\$14.25]	[\$17.11]
[FName, LName]	[32]	[\$8.76]	[\$9.98]	[\$12.36]
[FName, LName]	[61]	[\$45.89]	[\$49.74]	[\$54.09]
TOTAL MONTHLY PREMIUM		[\$793.68]	[\$866.10]	[\$1,003.02]
Average Monthly per Participant		[\$22.05]	[\$24.06]	[\$27.86]
TOTAL ANNUAL PREMIUM		[\$9,524.16]	[\$10,393.20]	[\$12,036.24]
Average Annual per Participant		[\$264.56]	[\$288.70]	[\$334.34]

[* This insurance plan is Partnership-qualified in the state of [state name].]

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No benefits, including the Flexible Benefit, will be payable under this Policy for: a loss that occurs while this Policy is not in force; or an illness, treatment or medical condition that is due to war or act of war, whether declared or not; or an illness, treatment or medical condition that results from an attempt of suicide (while sane or insane) or an intentionally self-inflicted injury; or expenses for treatment or rehabilitation related to alcoholism or drug addictions; or expenses for services or items to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance amount; or care or services, unless otherwise required by law, for which benefits are duplicated or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or care or services provided outside the United States of America, its territories or possessions, or Canada.

LifeSecure and the circular logo are trademarks of LifeSecure Insurance Company – Brighton, MI, 48116. Our long term care insurance product is underwritten by LifeSecure Insurance Company. This flyer is for illustrative purposes only and is not a contract. It is intended only to provide a general overview of our product and services. Availability of benefits, amounts, options and discounts may vary by state. Please remember only the insurance policy can give actual coverage amounts, terms, conditions, limitations and exclusions. Refer also to the Outline of Coverage. Policy Form Series: LS-0002.

[Date]

[Dear [Name] [Member] [Employee],]

In an effort to enhance our benefit package and to encourage [employees/members/retirees] to plan well for the future, [ABC Company] is introducing a new voluntary benefit: **long term care (LTC) insurance** through LifeSecure Insurance Company. This insurance is available to you [,] [and] your spouse or domestic partner [, as well as other family members* who may wish to apply].

LTC insurance is an important financial planning and asset protection tool. It can also be viewed as an extension of one's health insurance. LTC insurance pays benefits for custodial care, as well as skilled care which becomes necessary when an individual is no longer able to perform basic activities of daily living on their own – activities such as bathing or dressing. Most of us become aware of long term care when it is needed by a parent, grandparent or other close relative. Sometimes, however, the need for long term care can happen earlier in life as the result of an illness or accident. Fortunately, LTC insurance can help at any time that covered services are needed, not just when someone is older.

LTC insurance will pay benefits for care received in a variety of settings: your own home, an assisted living facility, adult day care, hospice, or in a nursing home facility. LifeSecure's policy is designed to also allow for benefit payments for care received at home by a spouse or other close family member.

To learn more about long term care, review a premium quote, or to apply for coverage:

- 1) Go to www.YourLifeSecure.com
- 2) Click on "Groups and Associations", then enter: **[Group Number]**
- 3) To learn more about LTC, click on "About Long Term Care" or "About Our Product" in the left menu.
- 4) To review premiums, click on "Quote Calculator" in the left menu.
- 5) To apply for coverage on-line, click on "Application" in the left menu.

[On-site LTC education meetings will be conducted at **[Date, Time, Location]**.] You are encouraged to take the time to learn about this important new benefit and to determine if LTC insurance is right for you. During the initial LTC insurance enrollment period, **[xx/xx/xx – xx/xx/xx]**, employees have the opportunity to apply through a simplified issue (i.e., abbreviated) application process.

This insurance plan requires completion of an individual application. You may or may not be approved for coverage based on current or past health conditions. The premiums for LTC insurance are based on your age [at time of application] [at the policy effective date]. This insurance is an individual plan which means you can take the coverage with you if you were to pursue a new career or upon retirement.

For more information, you may call [xxxxxxxxxxxx at XXX-XXX-XXXX.]

Sincerely,

[XXXXXXXXXXXXXXXXXX]

[* Other eligible family members include [adult children, parents (in-law) and grandparents (in-law).]

Refer to the Policy for actual coverage amounts, terms, conditions, limitations and exclusions.

[Date]

[Dear [Name] [Member] [Employee],]

In an effort to enhance our benefit package and to encourage [employees/members/retirees] to plan well for the future, [ABC Company] is introducing a new voluntary benefit: **long term care (LTC) insurance** through LifeSecure Insurance Company. [Because we realize the importance of this insurance, [ABC COMPANY] [will contribute [\$X per month] [X% of premium] to each eligible employee who elects coverage]. [Because we realize the importance of this insurance, [ABC Company] will cover the premium cost for a base LTC benefit for all eligible employees [and spouses/domestic partners]. The base coverage will consist of a policy with a \$[XXX,XXX] Benefit Bank and a Monthly Benefit of \$[X, XXX] [and other features]. [You may voluntarily elect to purchase additional coverage for additional premium.] LifeSecure LTC insurance will also be available on a voluntary basis to your spouse or domestic partner[, as well as other family members* who may wish to apply].

LTC insurance is an important financial planning and asset protection tool. It can also be viewed as an extension of one's health insurance. LTC insurance pays benefits for custodial care, as well as skilled care which becomes necessary when an individual is no longer able to perform basic activities of daily living on their own – activities such as bathing or dressing. Most of us become aware of long term care when it is needed by a parent, grandparent or other close relative. Sometimes, however, the need for long term care can happen earlier in life as the result of an illness or accident. Fortunately, LTC insurance can help at any time that covered services are needed, not just when someone is older.

LTC insurance will pay benefits for care received in a variety of settings: your own home, an assisted living facility, adult day care, hospice, or in a nursing home facility. LifeSecure's policy is designed to also allow for benefit payments for care and assistance received at home by a spouse or other close family member.

To learn more about long term care, review a premium quote, or to apply for coverage:

- 1) Go to www.YourLifeSecure.com
- 2) Click on "Groups and Associations", then enter: **[Group Number]**
- 3) To learn more about LTC, click "About Long Term Care" or "About Our Product" in the left menu.
- 4) To review premiums, click on "Quote Calculator" in the left menu.
- 5) To apply for coverage, click on "Application" in the left menu.

[On-site LTC education meetings will be conducted at **[Date, Time, Location]**.] You are encouraged to take the time to learn about this important new benefit and to determine if LTC insurance is right for you. During the initial LTC insurance enrollment period, **[xx/xx/xx – xx/xx/xx]**, employees have the opportunity to apply through a simplified issue (i.e., abbreviated) application process.

This insurance plan requires completion of an individual application. You may or may not be approved for coverage based on current or past health conditions. The premiums for LTC insurance are based on your age [at time of application] [at the policy effective date]. This insurance is an individual plan which means you can take the coverage with you if you were to pursue a new career or upon retirement.

For more information, you may call [xxxxxxxxxxxx at XXX-XXX-XXXX.]

Sincerely,

[XXXXXXXXXXXXXXXXXX]

[* Other eligible family members include [adult children, parents (in-law) and grandparents (in-law).]

Refer to the Policy for actual coverage amounts, terms, conditions, limitations and exclusions.

<i>SERFF Tracking Number:</i>	<i>LFSC-126069511</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeSecure Insurance Company</i>	<i>State Tracking Number:</i>	<i>43026</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>MultiLife Advertising</i>		
<i>Project Name/Number:</i>	<i>MultiLife Advertising/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LFSC-126069511</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeSecure Insurance Company</i>	<i>State Tracking Number:</i>	<i>43026</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>MultiLife Advertising</i>		
<i>Project Name/Number:</i>	<i>MultiLife Advertising/</i>		

Supporting Document Schedules

Review Status:

Satisfied -Name: Explanation of Variability - LS-
0378A ST 08/09 & LS-0378B ST
08/09

07/23/2009

Comments:

Attachments:

Explanation of Variability LS-0378A ST 08 09.pdf

Explanation of Variability LS-0378B ST 08 09_CENSUS.pdf

EXPLANATION OF VARIABILITY

LIFESECURE MULTI-LIFE PROPOSAL FOR LONG TERM CARE INSURANCE

“LIST” VERSION (LS-0378A ST 08/09)

Page 1

- The following bracketed items will be populated with information specific to the multi-life employer/association receiving the quote:
 - Employer/Association name
 - Agent Name
 - Agent Address
 - Agent Phone
 - Date
 - State Name

Page 2

- In Row 1, the asterisk(s) beside Plan A, B and/or C and corresponding footnote at bottom of list will **only** appear if:
 - a. the state offers partnership;
 - b. LifeSecure Insurance Company's product is approved for partnership in the state; and
 - c. the plan design being quoted is partnership-qualified.

The footnote will appear if at least one of the plan designs being quoted is partnership-qualified. The “state name” in footnote will match state name on page 1.

- In **Benefit BankSM Amount** and **Monthly Benefit Access** rows, amounts will vary.
- In **Inflation Protection Option** row, each plan design will display one of the following items:
 - **Guaranteed Future Purchase Offers**
 - **Automatic 5% Compound**
 - **Automatic 3% Compound**
- The following Optional Benefits will appear in proposal **only** if included in at least one of the three plan design quoted:
 - **Money-Back PromiseSM Option**
 - If appearing on proposal, each plan design will display either:
 - **Included**
 - **Excluded**
 - **Lapse Protection Benefit**
 - If appearing on proposal, each plan design will display either:
 - **Included**
 - **Excluded**
 - **Employer Contribution Discount**
 - If the multi-life group qualifies for discount, row will display with 5% in all columns.
- In the Premium Payment Option row, one of the following options will appear for each plan design being quoted:
 - **Lifetime**

- **10-Year**
- **To-Age-65**

- In the Employer Contribution Discount row, 5% will appear if the multi-life group qualifies for a discount.

Page 2 & 3

Premium amounts will vary, based on age and plan design.

Page 4

The following footnote will appear for groups that qualify for the LifeSecure multi-life program:

The premiums shown above are for illustrative purposes only. [These monthly premiums include an employer contribution discount percentage as shown above.] A spouse/domestic partner or marital discount may also apply to individual applicants. Each applicant must complete an Application and must qualify for coverage based on LifeSecure's underwriting criteria, which includes an applicant's age, health history and current health conditions. This proposal is valid for individuals ages 18--84 submitting applications for LifeSecure's individual long term care insurance in the state of [state name].

(The "state name" in footnote will match state name on page 1.)

The following footnote will appear for groups that **do not** qualify for the LifeSecure multi-life program:

The premiums shown above are based on LifeSecure's 'Preferred' rate class and are for illustrative purposes only. An applicant's actual premium rate class will be based on his/her own age, health history, current health conditions and other underwriting criteria. A spouse/domestic partner or marital discount may also apply to individual applicants. Each applicant must complete an Application and must qualify for coverage based on LifeSecure's underwriting criteria. This proposal is valid for individuals ages 18--84 submitting applications for LifeSecure's individual long term care insurance in the state of [state name].

(The "state name" in footnote will match state name on page 1.)

Page 5

The **Guaranteed Future Purchase Offers** paragraph will only appear if this feature is included in one of the plan designs being quoted.

Page 6

The following paragraphs will only appear if the option is included in one of the plan designs being quoted.

- Money-Back PromiseSM Option
- Automatic 3% Compound Inflation Protection Benefit
- Automatic 5% Compound Inflation Protection Benefit
- Lapse Protection Benefit

EXPLANATION OF VARIABILITY

LIFESECURE MULTI-LIFE PROPOSAL FOR LONG TERM CARE INSURANCE

“CENSUS” VERSION (LS-0378B ST 08/09)

Page 1

- The following bracketed items will be populated with information specific to the multi-life employer/association receiving the quote:
 - Employer/Association name
 - Agent Name
 - Agent Address
 - Agent Phone
 - Date
 - State Name

Page 2

- In Row 1, the asterisk(s) beside Plan A, B and/or C and corresponding footnote at bottom of list will **only** appear if:
 - a. the state offers partnership;
 - b. LifeSecure Insurance Company's product is approved for partnership in the state; and
 - c. the plan design being quoted is partnership-qualified.

The footnote will appear if at least one of the plan designs being quoted is partnership-qualified. The “state name” in footnote will match state name on page 1.

- In **Benefit BankSM Amount** and **Monthly Benefit Access** rows, amounts will vary.
- In **Inflation Protection Option** row, each plan design will display one of the following items:
 - **Guaranteed Future Purchase Offers**
 - **Automatic 5% Compound**
 - **Automatic 3% Compound**
- The following Optional Benefits will appear in proposal **only** if included in at least one of the three plan design quoted:
 - **Money-Back PromiseSM Option**
 - If appearing on proposal, each plan design will display either:
 - **Included**
 - **Excluded**
 - **Lapse Protection Benefit**
 - If appearing on proposal, each plan design will display either:
 - **Included**
 - **Excluded**
 - **Employer Contribution Discount**
 - If the multi-life group qualifies for discount, row will display with 5% in all columns.
- In the Premium Payment Option row, one of the following options will appear for each plan design being quoted:
 - **Lifetime**

- **10-Year**
- **To-Age-65**

- In the Employer Contribution Discount row, 5% will appear if the multi-life group qualifies for a discount.
- The following items will vary:
 - Names of eligible participants
 - Ages of eligible participants
 - Monthly premium amounts (based on age and plan design)
 - Total monthly premium amounts
 - Average monthly premium amounts
 - Total annual premium amounts
 - Average annual premium amounts

Page 3

The following footnote will appear for groups that qualify for the LifeSecure multi-life program:

The premiums shown above are for illustrative purposes only. [These monthly premiums include an employer contribution discount percentage as shown above.] A spouse/domestic partner or marital discount may also apply to individual applicants. Each applicant must complete an Application and must qualify for coverage based on LifeSecure's underwriting criteria, which includes an applicant's age, health history and current health conditions. This proposal is valid for individuals ages 18--84 submitting applications for LifeSecure's individual long term care insurance in the state of [state name].

(The "state name" in footnote will match state name on page 1.)

The following footnote will appear for groups that **do not** qualify for the LifeSecure multi-life program:

The premiums shown above are based on LifeSecure's 'Preferred' rate class and are for illustrative purposes only. An applicant's actual premium rate class will be based on his/her own age, health history, current health conditions and other underwriting criteria. A spouse/domestic partner or marital discount may also apply to individual applicants. Each applicant must complete an Application and must qualify for coverage based on LifeSecure's underwriting criteria. This proposal is valid for individuals ages 18--84 submitting applications for LifeSecure's individual long term care insurance in the state of [state name].

(The "state name" in footnote will match state name on page 1.)

Page 4

The **Guaranteed Future Purchase Offers** paragraph will only appear if this feature is included in one of the plan designs being quoted.

Page 5

The following paragraphs will only appear if the option is included in one of the plan designs being quoted.

- Money-Back PromiseSM Option
- Automatic 3% Compound Inflation Protection Benefit
- Automatic 5% Compound Inflation Protection Benefit
- Lapse Protection Benefit